

Idaho Industrial Commission
Rehabilitation Division
Referral Form

<i>Internal Use Only</i>	
IC Claim #	_____
Rehab #	_____
Consultant:	_____

To make a referral, please complete this form and fax it to (208) 334-3711 or e-mail it to rehabreferrals@iic.idaho.gov. You may also send it to a rehabilitation office in your area. Locations are listed on the Industrial Commission website www.iic.idaho.gov. If available, please include the accident report and medical information with this form.

(Please print)

Claimant

Name: _____ DOB: _____
E-mail: _____ Social Security #: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____ Cell Phone: _____
Date of Injury: _____ Type of Injury: _____
Is Claimant working? ☐ - Yes ☐ - No Claimant Occupation: _____

Employer

Business Name: _____
Contact Name: _____
E-mail: _____
Address: _____
City: _____ State: _____ ZIP: _____
Business Phone: _____ Cell Phone: _____

Surety

Name: _____
Examiner Name: _____
E-mail: _____
Business Phone: _____ Surety Claim #: _____

Treating Physician

Name: _____
Business Phone: _____

Attorney

Name: _____
Business Phone: _____

Referral Information

Name (referred by): _____ Date: _____
Representing: ☐ - Surety ☐ - Employer ☐ - Medical Provider ☐ - Claimant
☐ - Other _____
Has the claimant been notified of this referral? ☐ - Yes ☐ - No

Reason for Referral/Comments: _____
